	(Column 1)			10	661,175
<u>ر</u>	FOR (Column	TRA	SMALL ENTITY	. OB OTH	ER HAN
37	(37 CFR 1.16(c)) 3 minus 20 = (37 CFR 1.16(b)) 2		5 s	OR RATE	\$
	MOCTIFLE DEPENDENT CLAIMPRESENT (1) COS	× s 10		OR $\times 50$	
	and unrecence in column 1 is less than zero, enter "0" in column 2	+ 5:18		OR + 360	
	COMMS AS AMENDED - PARTII	ΓΟΤ Α	u L	OR TOTAL	
	(Column 1) (Column 2). (Column 2). (Column 2). (Column 2). (Column 3). (Column	NT : SMA	ADDI- FEE O	OR OTHER SMALL E	THAII NTITI AOII TIOIIL FE
-	(Column 1) (Column 2) (Column 2)	+s 180= TOTAL ADD'L FEE	OF OR	+310	
	REMAINING HIGHEST NUMBER PREVIOUSLY PAID FOR LIGHT MICHOLIST PAID FOR EXTRA MEROPHICAL Minus Minus Minus Minus	RATE × s 25 = × s 100 =	ADOI. TIONAL FEE]. TK	ONAL FEE
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) (Column 1)	+ 5 180= TOTAL ADOUFEE	OR OR	× s 200= + 360= TOTAL	
AMENDMENT C	CLAIMS REMAINING AFTER AMENOMENT COlumn 2) CCOlumn 3) C	RATE	AODI.	RATE	
AMEN	Hinds = = Hinds = Hinds Hinds Hind	x s 100	FEE OR	K S D =	AL.
•	If the entry in column 1 is less than the entry in	+ 5 180=	1 -	× 52002 + ,360_	

If the entry in column 1 is less than the entry in column 2, write '0' in column 3

. If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

If the 'Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

The 'Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS